

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**  
**UTILITY PATENT APPLICATION TRANSMITTAL**FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: Willa Fabian, et al.  
TITLE: Lifestyle Management System

**CERTIFICATE UNDER 37 CFR §1.10:** I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope addressed to: Mail Stop Patent Application, Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450, "EXPRESS No. EV 325 072 103 US, on this 15<sup>th</sup> day of April, 2004.

Kathleen M. Altman

Printed Name

Signature

**MAIL STOP PATENT APPLICATION**  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

We are transmitting herewith the attached:

☒ **Patent Application Transmittal**☒ **Specification:**Total pages: 19 (including claims and abstract: Spec. 16 sheets; Claims 2 sheets; Abstract 1☒ **Drawings:**Total sheets: 6☐ formal☒ informal☒ **Combined Declaration and Power of Attorney:**☐

executed

☒

copy from prior application

☐

Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))

☐Incorporation by Reference - *The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.*☒ **Accompanying application parts:**☐

Notification of filing a

☐

Assignment of the Invention to Medtronic, Inc.

☐

Assignment cover sheet

☐

Information Disclosure Statement

☐

PTO Form 1449

☐

Copies of IDS citations

☐

Preliminary Amendment

☐

A copy of the Petition or Conditional Petition for Extension of Time in the prior application.

☒

Return Postcard

**IF A CONTINUING APPLICATION:**☒

Continuation

☐

Divisional

☐

Continuation-in-part (CIP) of prior application

No. 09/944,720, filed August 31, 2001, titled "Lifestyle Management Sytem".

☐

Amend the specification by inserting before the first line the sentence: --This application is a \_\_\_\_\_ of application Serial No. \_\_\_\_\_, filed \_\_\_\_\_, now allowed.--

☐

Cancel in this application original claims \_\_\_\_\_ of the prior application before calculating the filing fee. (At least the original independent claim must be retained for filing purposes.)

☒

The prior application is assigned of record to Medtronic, Inc.

☒The Power of Attorney in the prior application is to: Michael C. Soldner.

☐ This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) \_\_\_\_\_, filed \_\_\_\_\_.

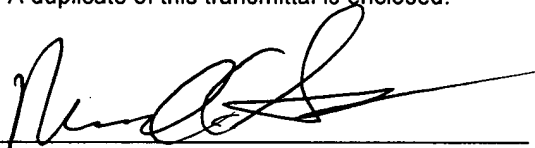
X Address all future correspondence to: Michael C. Soldner, Reg. No. 41,455  
Telephone: (763) 514-4842  
Customer No. 27581

FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee	No. of Extra Claims	Rate	Fee
Total Claims	11	20	= 0	x 18	\$0.00
Independent Claims	1	3	= 0	x 86	\$0.00
Multiple Dependent Claims			0	+ 290	
Basic Filing Fee					\$770.00
TOTAL					\$770.00

X Charge Deposit Account No. 13-2546 in the amount of \$770.00 for the filing fee.

X The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

Date April 14, 2004

  
\_\_\_\_\_  
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